

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10787189

FILING DATE

2/27/04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
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38	1					
39	1					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	63					
TOTAL CLAIMS	68					

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TOTAL DEP.						
TOTAL CLAIMS						